



U.S. Mission Tashkent, Uzbekistan

Foreign National Student Internship Program Application

Position

1. Vacancy Announcement Number

2. Internship office

Personal Information

3. Full Name

4. Present Address

5. Phone Numbers

Mobile: _____

Home: _____

Other: _____

6. Email

7. Do you have any relatives that currently work in this U.S. mission? Yes ☐ No ☐

If yes, please provide their name, position title, and the section where they work.

Name	Relationship	Agency, Position, Location

8. Are you a citizen or legal permanent resident of Uzbekistan? Yes ☐ No ☐

(If you answered "no", you are not eligible to participate in the FNSIP)

Section 2: Education

9. For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Use continuation sheets as necessary.

Name and full address of school	Dates Attended (mm/yyyy) From _____ To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Major Area of Study: _____	Name and Telephone Number of instructor

Name and full address of school	Dates Attended (mm/yyyy) From _____ To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Major Area of Study: _____	Name and Telephone Number of instructor
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Section 3: Languages

10. Please list the languages that you speak, read and/or write and the level for each below:

1 – Basic Examples - Basic greetings, phrases, and numbers.

2 – Limited Examples – Directions, simple questions.

3 - Good working knowledge Examples – Conversations about familiar topics, complex documents.

4 – Fluent Examples – Infer nuanced meaning from complex documents.

5 - Translator Examples – Certified professional translator in this language.

Language	Speaking (Provide Level)	Reading (Provide Level)	Writing (Provide Level)
<i>English</i>			
<i>Russian</i>			
<i>Uzbek</i>			
<i>Other</i> _____			
<i>Other</i> _____			

Section 4: Work Experience

11. Paid and Voluntary – Please start from your present or recent work experience and backwards

11a. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities:

Reason for leaving:

11b. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities:

Reason for leaving:

Section 5: Reason for wanting to participate in the FNSIP

- 12.** Please provide a brief statement to explain why you would like to be considered for the FNSIP and what you hope to achieve during the program that will benefit your current area of study (Use additional sheets if needed)

13. Which part of the day is more comfortable for you to work:

a. From the morning till the lunchtime ☐

b. From the lunchtime till the evening ☐

c. Other ☐ Please specify: _____

Section 6: DECLARATION

14. Please tick as appropriate

☐ I am a current student at a trade school, technical or vocational institute, junior college, college, university or other accredited educational institution, and I am in good academic standing.

☐ I understand that any information I provide may be investigated and that any false statements may be grounds for non-consideration or termination from the FNSIP, if selected.

☐ I understand that, if I am provisionally selected for the FNSIP, a successful security and medical certification must be completed before I may begin the program.

☐ I consent to the release of information about my ability and fitness for the FNSIP by employers, schools, law enforcement agencies, and other individuals and organizations to U.S. mission-authorized investigators and personnel.

☐ I certify that, to the best of my knowledge, all of my statements are true and complete.

15. Printed name or signature

16. Date (mm/dd/yyyy)

Section 4: Work Experience (continuation)

11. Paid and Voluntary – Please start from your present or recent work experience and backwards

11_. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities:

Reason for leaving:

11_. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities:

Reason for leaving: